



STATE OF ARKANSAS

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Term Contract

Vendor No. 100066813
Contact RANDY BURRALL
Your reference SP-03-0472

GLOBAL DOCUGRAPHIX
ATTN: RANDY BURRALL
12120 COLONEL GLENN RD STE 6200
LITTLE ROCK AR 72210

Contract No. 4600005275
Date 09/11/2003

Contact Beverly Webb
Telephone 501-324-9317
Fax 501-324-9311

Our ref. ST
Incoterms FOB
DESTINATION

Send Invoice To:

ORDERING AGENCY OR
COOPERATIVE PROCUREMENT
PARTICIPANT

Ship To:

GLOBAL DOCUGRAPHIX
ATTN: RANDY BURRALL
12120 COLONEL GLENN RD STE 6200
LITTLE ROCK AR 72210

Valid from: 07/01/2006
Valid to: 06/30/2007

CONTRACT HAS BEEN EXTENDED THROUGH JUNE 30, 2007.
A 9% PRICE INCREASE WILL GO INTO EFFECT ON JULY 1, 2006.

SPECIFICATIONS, SPECIAL PAPER UPCHARGES AND SPECIAL CARBON PRICING AND OTHER
SPECIFICATIONS ARE ATTACHED TO CONTRACT.

ARKANSAS STATE PROCUREMENT TRACKING NO: SP-03-0472
COMMODITY: CUSTOM SNAP-OUT FORMS
BUYER: BEVERLY WEBB
TELEPHONE NUMBER: 501-324-9317
FAX NUMBER: 501-324-9311
E-MAIL ADDRESS: beverly.webb@dfa.state.ar.us

COMPANY NAME Global Docugraphix, Inc.
AGENCY CONTACT: Randy Burrall.
501-312-7419
Fax: 501-224-4769
rburrall@gdxinc.com

ADDRESS: 12120 Colonel Glenn Rd. Ste 6200; Little Rock, AR 72210
FEDERAL ID 71-0562858

INVOICE TO: Ordering Agency or Cooperative Purchasing Participant

F.O.B. INSIDE DELIVERY: As specified on Purchase Order

TERMINATION

GENERAL CONDITIONS AND INSTRUCTIONS TO VENDOR:

All purchasing rules and regulations defined by the State of Arkansas apply to this document.

Joseph A. Bidello

Purchasing Official/Fiscal Officer

06/27/2006
Date



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In the event that the anticipated term of this contract extends beyond the current biennial period, the contract will be terminable on the part of the state without cause at the end of the current biennial period. However, the state may agree to continue the contract, but in no case will any renewal cause the contract to continue beyond a biennial period for which the contract is renewed. Any services or products on contract accepted by the state must be paid for, but this does not obligate the state to continue the contract beyond the end of a biennial period.

SELLING TO COOPERATIVE PROCUREMENT PROGRAM PARTICIPANTS:

Arkansas Procurement Law provides that local public procurement units (counties, municipalities, school districts, certain not-for-profit corporations, etc.) may participate in State Procurement contracts. The contractor(s) therefore agree(s) to sell to Cooperative Procurement Program participants at the option of the program participants. Unless otherwise stated, all standard and special terms and conditions listed within the RFQ must be equally applied to such participants.

APPROVED BILLING METHOD

The Office of State Procurement has established a billing method that must be used. Multiplying the quantity shipped by the running charges and adding the flat charges determine the billing price. **DEVIATIONS FROM THIS METHOD WILL NOT BE ACCEPTABLE.**

The successful contractor will work with the buyer to design an acceptable analysis sheet. State Procurement must approve contractors analysis sheet.

1.0 SPECIAL TERMS AND CONDITIONS

1.1 Scope

This outline agreement has been issued to establish a contract (term contract) for custom snap-out forms. Snap-Out forms shall include those multiple part forms with a stub that detaches from the main body of the form. Snap-Out forms may be carbon interleaved, no carbon, or utilize carbonless paper. Snap-Out forms may be individual sets, sets padded on chipboard, or sets bound into a book.

Custom Receipt books will be routed to this contract if they utilize carbon-interleaved forms or carbonless paper. The forms will be priced on the individual size of the receipt. (Example: 2 3/4" x 6 1/2"). The minimum order will be 1,000 individual receipts.

Forms which are fan-apart, padded or tag-bound into books with carbon in back of book will not be considered Snap-Out forms and will not be covered under the scope of this contract. Any multiple part form which is not covered by the specifications within this contract will be bid separately.

This contract does not contain #stock purchase orders, vouchers, TR-1, memo, purchase request or vendor performance forms#. The OSP will issue a special buy of these stock forms as needed. Otherwise, the agency may purchase the contract minimum of 1,000 forms.

1.2 Term

The original term of this contract was be for approximately two (2) years with an expiration date of June 30, 2005.

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1.3 Extension

Upon mutual written agreement between the contracting vendor and the Office of State Procurement, the contract may be extended five (5) additional years, in one (1) year increments or a portion thereof. Any extension but must be mutually agreed upon by the Office of State Procurement and the contractor. The Office of State Procurement will notify the contractor before expiration of the contract if an extension is requested. The paper price change clause will apply to any agreed upon period of extension.

1.4 Orders & Minimum Quantities (State Agencies)

All purchase orders will be routed directly to the contractor. The contractor is responsible for promptly returning all purchase orders that are not covered by the specifications of this contract.

The minimum order for custom forms is 1,000 forms.

1.5 Orders & Minimum Quantities (Cooperative Purchasing Participants)

All purchase orders will be routed directly to the contractor. The contractor is responsible for promptly returning all purchase orders that are not covered by the specifications of this contract.

The minimum order for custom forms is 1,000.

1.6 Delivery (ALL USERS)

The finished forms must be delivered inside to the location specified on the purchase order within the number of working days authorized.

"Working days" shall be defined as Monday through Friday of each week exclusive of all official State holidays. Transportation expenses are the responsibility of the contractor. If a cost statement is requested by agency, delivery time will not begin until contractor receives written authorization from agency.

- Repeat orders not requiring proofs 25 working days
- New orders not requiring proofs 30 working days
- Repeat orders requiring proofs 35 Working days.
- New orders requiring proofs 45 working days
- Any New or Repeat order requiring forms to be booked will be allowed five additional working days.

Proof must be sent within fifteen (15) working days after submission of order. Any proofs requiring changes must be resubmitted within ten (10) working days. The time that proofs are in agency's possession will not be counted as production time.

Orders requiring multiple delivery points will be priced as follows:

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One shipment, all in the immediate area, will be included in the price of the forms. Additional delivery points (shipped by the most economical means available.) will be invoiced to the agency as an extra charge. THE CONTRACTOR WILL NOT BE REQUIRED TO BREAK A CARTON. A copy of the contractor's invoice from the freight company must be attached to the agency's invoice. No additional "mark up" charge will be allowed to the contractor.

1.7 Rush Orders (State Agencies)

If a State agency required delivery of an order in less than the prescribed time outlined in this contract, that agency must contact the contractor. The contractor may choose one of the two options stated below:

- Option 1. Waive the order from the contract. Agencies with Printing Delegation orders may quote. Orders exceeding the agency's delegated limit and orders for agencies without Printing Delegation orders must be bid by the OSP.
- Option 2. Accept the order and meet delivery requested. The ordering agency should obtain a written document with the agreed delivery date stated. The contractor may charge 1% of the original contract price for each working day less than the prescribed time authorized by the contract, that the delivery schedule is reduced. Rush order upcharge shall not exceed twenty percent (20%) of the original contract price.

If the contractor fails to meet the "RUSH" delivery, the rush charge will not be applied. If the contractor exceeds the delivery time for a normal delivery, the contractor may be charged late charges.

1.8 Rush Orders (Cooperative Purchasing Participants)

The contractor must comply with one of the two following options.

- Option 1. Waive the order from the contract.
- Option 2. Accept the order and meet delivery requested. The Cooperative Purchasing Participant should obtain a written document with the agreed delivery date stated. The contractor may charge 1% of the original contract price for each working day less than the prescribed time authorized by the contract, that the delivery schedule is reduced. Rush order upcharge shall not exceed twenty percent (20%) of the original contract price.

If the contractor fails to meet the "RUSH" delivery, the rush charge will not be applied. If the contractor exceeds the delivery time for a normal delivery, the contractor may be charged late charges.

1.9 Cancellation of an Order (State Agencies)

Agency purchase order cancellations must be communicated to OSP and the contractor must be compensated for all materials used and all work completed on the order before request for cancellation under the pricing provisions specified herein. Charges incurred, which cannot be determined in this manner, must be submitted to the OSP for approval. The OSP shall approve/disapprove the contractor's charges for work completed before cancellation approval. The ordering agency shall notify OSP and the contractor at the earliest possible moment of its intent to request cancellation.

1.10 Cancellation of an Order (Cooperative Purchasing Participants)

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The contractor must be compensated for all materials used and all work completed on the order before request for cancellation under the pricing provisions specified herein. The Cooperative Purchasing Participant shall notify the contractor at the earliest possible moment of its intent to request cancellation.

1.11 Exclusions (State Agencies Only)

Orders will be excluded from this contract if they include any or a combination of the following:

- Any form requiring delivery under the "RUSH ORDERS" provision by a date which the contractor cannot meet. (See "Rush Orders").
- any form which requires the setting of composition in a foreign language. Agency may provide such copy in camera-ready form, in which case, the contractor shall be required to accept the order.
- Orders not meeting the minimum quantity specified shall be competitively bid.

1.12 Exceptions (State Agencies Only)

The State reserves the right to route orders for divisions of the Arkansas State Legislature to this contract or to bid separately on a one-time basis.

The State reserves the right to purchase forms from State-owned printing facilities.

The State reserves the right to purchase standard forms from sources other than the contractor. The order must be bid separately. Standard forms are forms produced for numerous customers and frequently kept as an inventory item by the manufacturer. A standard form may be overprinted with agency name and other pertinent information. Standard shelf items would include forms such as Federal Income Tax Forms (W-2's, etc.) library forms, medical forms, etc.

1.13 Obligations of Contractor (STATE AGENCIES)

The contractor must have a representative who can provide technical assistance within twenty-four (24) hours of written notification. On site visits to the agency may be required. The contractor must assist the ordering user with design and layout of forms in the most efficient manner. This representative must be able to help diagnose and solve problems with equipment operation, which may be related to the use of forms produced under this contract.

If at any time it is learned that the contractor has intentionally directed the user in a matter, which has unnecessarily cost additional money, the contract may be cancelled and the contractor may be suspended or debarred from doing further business with the State.

Contractor must provide the State with production quality negatives and a TIF or EPS file for each new form produced under this contract.

After award of the contract, the contractor will receive production quality negatives and disk files that are to be used in the printing of reorders. The contractor is required to inspect the negatives and within ten (10) working days provide the QSP with a letter acknowledging receipt and acceptance of the negatives. Any problems with the

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production materials must be noted in writing with acknowledgement of receipt. All of the negatives furnished to the contractor will remain the property of the State of Arkansas and any loss or damage to the items listed in the inventory sheet signed by the contractor will require replacement at no cost to the State.

Negatives, which have deteriorated through use and require replacement, may be priced as an original order after the contractor has provided written notification to the OSP and received authorization to reset composition.

The contractor **MUST** maintain the current revision date in the stub. When a negative is updated, the old negative **MUST** be destroyed.

Contractor will keep the negatives in a secure location during the term of the contract. This location may be outside the boundaries of the State of Arkansas. Upon request of the OSP, the contractor will be required to transfer the negatives to a location designated by the OSP. The transportation expenses will be paid by the contractor.

The current negatives and a sample of the current form must be placed in an envelope or file pocket designating the ordering agency's name, agency number, and all form numbers included in the envelope. Only one agency's negatives and samples per envelope and no more than twenty-five negatives per envelope.

At the conclusion of this contract, the negatives along with a complete inventory of those negatives (in hard copy and disk format) must be delivered to the (new) contractor. At the same time, a complete inventory list of the negatives both hard copy and disk must be delivered to the OSP. The list must be maintained by agency and form number not by contractors job number.

If the new contractor receives the negatives and the aforementioned requirements have not been met, the previous contractor will be held responsible for correcting all deficiencies within a time period specified by the OSP. Failure to complete this portion of the contract will be considered default and could jeopardize the future bidding status of the previous contractor or action may be taken against the previous contractors performance bond.

Marginal words and numbers inserted by the manufacturer to identify the form are not considered to be a part of the form. The manufacturer will allow no charge on these words or numbers.

1.14 Obligations of Contractor (COOPERATIVE PURCHASING PARTICIPANTS)

The contractor must have a representative who can provide technical assistance within twenty-four (24) hours of written notification. On site visits to the cooperative procurement participant may be required. The contractor must assist the ordering user with design and layout of forms in the most efficient manner. This representative must be able to help diagnose and solve problems with equipment operation, which may be related to the use of forms produced under this contract. This representative is to be available within 24 hours after notification.

If at any time it is learned that the contractor has intentionally directed the user in a matter, which has unnecessarily cost additional money, the contract may be cancelled and the contractor may be suspended or debarred from doing further business with the State.

1.15 SUMMARY OF ORDERS (ALL USERS)

Contractor will be required to send to the OSP one sample form and one copy of the cost analysis sheet for each job completed under this contract. SEE HYPERLINK FOR REQUIRED SIZE CODES.

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1.16 Acknowledgements and Cost Statement (ALL USERS)

A cost statement from the contractor may be requested by the ordering entity before placing the order into production. Contractor must respond verbally or in writing within (5) five working days. The user must then issue written acceptance of cost to the contractor. Written acceptance from the user may be in the form of a purchase order including the price or as a letter confirming the purchase order number already sent to contractor and verifying the cost. Contractor should not begin work on any purchase order requesting "statement of cost" without written authorization from user. Delivery time will not begin until contractor receives written authorization from the agency.

1.17 Paper Price Change Clause

No price increases will be authorized during the initial 60 days of this contract. After the initial 60 days, the contractor may request in writing that OSP give consideration to a paper cost increase, but must furnish all documentation to support the cost increase. Price increases, which are approved, will become effective within the (10) working days after date of written authorization from OSP. Any price increase will remain firm for a period of not less than sixty (60) days.

Global Docugraphix has chosen to receive price increases in accordance with documented industry wide price changes as reported by the US Dept. of Labor's Producer Price Index. Any price adjustments made will be based upon a percentage, to be added to or deducted from a figure represented by forty percent (40%) of the running charge bid.

The contractor confirms that his company and any subcontractors will guarantee the State full benefit of all paper price decreases passed along from the mill or supplier. When market conditions indicate that a reduction in cost is warranted, the contractor will be required upon written notification from OSP to lower his price for paper on all jobs in production and on all future jobs until such time as an authorized change in cost is made or the contract is terminated.

Any paper price increase or decrease will be based on the originally bid running charge for the basic form size and number of parts.

1.18 Quality

The printing and workmanship of all forms furnished under this contract must be of "first class" quality. All materials and operations such as printing, collating, punching, perforating, registration, paper and carbon shall be of such quality as to insure satisfactory usage.

1.19 Overruns/Underruns

The overrun/underrun provision in this contract is included as an allowance to provide the contractor with a broad, (in some instances up to 20%) target with regard to the number of forms required for delivery on a specific order. Overruns shipped by the contractor will be subject to the following schedule:

FORMS ORDERED
Up to - 10,000

VARIATION ALLOWED
10%

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10,001 - 25,000	8%
25,001 - 75,000	5%
75,001 - OVER	2%

Any orders issued which specify no overruns or underruns may be charged an additional five (5) percent of the invoice amount. This provision may not be used in combination with the upcharge for #guaranteed no missing numbers#.

If the agency receives an excessive overrun, notify OSP.

1.20 Proofs (ALL USERS)

Proofs must be furnished on all forms, which are not an exact repeat or not furnished camera-ready by agency unless otherwise specified. Contractor should submit a proof any time the probability of error exists. Any changes made by the ordering agency shall be charged as specified under "author's alterations" in Additional Charges section. No allowances will be made for contractor's errors, such as typographical error. Proofs required by agency on exact repeat will be \$10.00 each.

Both the user and the contract holder are responsible for keeping accurate records showing time copy and proofs are mailed and received in order to calculate the final delivery date of the finished product. These records must show the dates proofs are mailed or delivered to the using agency and the date(s) they are returned. When the proofs are sent, the contract holder will provide a proofing document to sign indicating if corrections are necessary. The document will show the signature of the person reviewing the document, the date it was reviewed, and the necessary corrections to be made, if any. The contractor will not proceed without this signature. The time proofs are out of his plant will not count against production time.

When proofs are submitted to the agency, it will be the agency's responsibility to make the necessary corrections. The notation "AA" (Author's Alterations) or "PE" (Printer's Error) will be made in the margin of the copy along with each correction. Additional time to review proofs needed because of vendor errors in setting composition will be counted as production time.

Author's alterations are changes made by the originator after typesetting has been accomplished according to the original draft. If the printer makes errors in the setting of composition, the correction of these errors is not chargeable to the agency. The "PE", "AA" designations will identify those charges for which the user should correctly be billed.

Proof must be sent within fifteen (15) working days after final submission of order. Any proofs requiring changes must be resubmitted within ten (10) working days.

Contractor shall be responsible for all transportation expenses for delivery of the proofs.

1.21 Invoicing

The contractor must submit invoices in triplicate unless otherwise specified. The invoice must clearly show the contract number and the agency's purchase order number. Analysis of all charges must be included with the invoice. The contractor will be required to give the total cost for the recycled paper used in the production of the order on the analysis sheet. The ordering agency's procurement office must receive two sample forms and two

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copies of the cost analysis sheet. The OSP must receive one sample form and one copy of the cost analysis sheet.

1.22 Liquidated Damages or Penalty (STATE AGENCIES)

All commodities furnished will be subject to inspection and acceptance after delivery. Failure to meet specifications authorizes the OSP to cancel this contract or any portion of same and reasonably purchase commodities elsewhere and charge full increase, if any, in cost and handling to the defaulting contractor.

Liquidated damages imposed by the against the contractor for failure to meet delivery schedule will be one percent (1%) of the invoice amount for each working day beyond the specified delivery time. The contractor shall be relieved of delays due to causes beyond his control such as Acts of God, national emergency, strikes or fire. The OSP will assess penalties for late delivery in all cases except those that relate to causes beyond the contractor's control. The contractor must notify in writing, on a timely basis, OSP of such developments stating reason, justification and extent of delay. Other liquidated damages provided for in this contract must be verified and approved in writing by OSP prior to application by the ordering agency.

When the time does not allow for reprinting or reordering, acceptance of an inferior commodity may result in a liquidated damage of up to 20% of the invoice price or \$500 whichever is smaller.

1.23 Liquidated Damages or Penalty (COOPERATIVE PURCHASING PARTICIPANTS)

All commodities furnished will be subject to inspection and acceptance after delivery. If the contractor fails to meet the specifications the Cooperative Purchasing Participant should notify OSP in writing.

Liquidated damages imposed against the contractor for failure to meet delivery schedule will be one percent (1%) of the invoice amount for each working day beyond the specified delivery time. The contractor shall be relieved of delays due to causes beyond his control such as Acts of God, national emergency, strikes or fire.

Item	Material/Description	Target Qty	UM	Unit Price	Amount
0010	10102685 FORM,SNAP OUT, CUSTOM, LUMP SUM	1.00	Lump Sum	1.00	\$ 1.00

OUTLINE AGREEMENT AWARD TERMS AND CONDITIONS

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1. GENERAL: All terms and conditions stated in the invitation for bid govern this contract.
2. PRICES: Prices are firm and not subject to escalation, unless otherwise specified in the invitation for bid.
3. DISCOUNTS: All cash discounts offered will be taken if earned.
4. TAXES: Most state agencies must pay state sales tax. Before billing, the contractor should contact the ordering agency to find out if that agency must pay sales tax. Itemize state sales tax when applicable on invoices.
5. BRAND NAME REFERENCES: The contractor guarantees that the commodity delivered is the same as specified in the bid.
6. GUARANTY: All items delivered are to be newly manufactured, in first- class condition, latest model and design, including, where applicable, containers suitable for shipment and storage unless otherwise indicated in the bid invitation. The contractor guarantees that everything furnished hereunder will be free from defects in design, workmanship, and material; that if sold by drawing, sample or specification, it will conform thereto and will serve the function for which furnished. The contractor further guarantees that if the items furnished hereunder are to be installed by the contractor, such items will function properly when installed. The contractor also guarantees that all applicable laws have been complied with relating to construction, packaging, labeling, and registration. The contractor's obligations under this paragraph shall survive for a period of one year from the date of delivery, unless otherwise specified in the invitation for bid.
7. AWARD: This contract award does not authorize shipment. Shipment against this contract is authorized by the receipt of a purchase order from the ordering agency. A written purchase order mailed or otherwise furnished to the contractor results in a binding obligation without further action by either party.
8. DELIVERY: The term of the contract is shown on the face of the contract award. The contractor is required to supply the state's needs during this term. The number of days required to place the commodity in the receiving agency's designated location under normal conditions is also shown. Consistent failure to meet delivery without a valid reason may cause removal from the bidders' list or suspension of eligibility for award.
9. BACK ORDERS OR DELAY IN DELIVERY: Back orders or failure to deliver within the time required may be default of the contract. The contractor must give written notice to the Office of State Procurement and ordering agency of the reason and the expected delivery date. If the reason is not acceptable, the contractor is in default. The Office of State Procurement has the right to extend delivery if reasons appear valid. If the date is not acceptable, the agency may buy elsewhere.
10. DELIVERY REQUIREMENTS: No substitutions or cancellations are permitted without written approval of the Office of State Procurement. Delivery shall be made during agency work hours only, 8:00 a.m. to 4:30 p.m., unless prior approval for other delivery has been obtained from the agency. Packing memoranda shall be enclosed with each shipment.
11. STORAGE: The ordering agency is responsible for storage if the contractor delivers within the time required and the agency cannot accept delivery.
12. DEFAULT: All commodities furnished will be subject to inspection and acceptance of the ordering agency after delivery. Default in promised delivery or failure to meet specifications authorizes the Office of State Procurement to

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cancel this contract or any portion of same and reasonably purchase commodities elsewhere and charge full increase, if any, in cost and handling to the defaulting contractor.

13.VARIATION IN QUANTITY: The state assumes no liability for commodities produced, processed or shipped in excess of the amount specified herein.

14.INVOICING: The contractor shall submit an original and two copies of an itemized invoice showing the bid number and purchase request number when itemized in the invitation for bid. Invoices must be sent to "Invoice to" point shown on the purchase order.

15.STATE PROPERTY: Any specifications, drawing, technical information, dies, cuts, negatives, positives, data or any other commodity furnished to the contractor hereunder or in contemplation hereof or developed by the contractor for the use hereunder shall remain property of the state, be kept confidential, be used only as expressly authorized, and be returned at the contractor's expense to the F.O.B. point, properly identifying what is being returned.

16.ASSIGNMENT: This contract is not assignable nor the duties hereunder delegable by either party without the written consent of the other party to the contract.

17.OTHER REMEDIES: In addition to the remedies outlined herein, the contractor and the state have the right to pursue any other remedy permitted by law or in equity.

18.LACK OF FUNDS: The state may cancel this contract to the extent funds are no longer legally available for expenditures under this contract. Any delivered but unpaid for goods will be returned in normal condition to the contractor by the state. If the state is unable to return the commodities in normal condition and there are no funds legally available to pay for the goods, the contractor may file a claim with the Arkansas Claims Commission. If the contractor has provided services and there are no longer funds legally available to pay for the services, the contractor may file a claim.

19.QUANTITIES: The state may order more or less than the estimated quantity in the invitation for bid.

20.DISCLOSURE: Failure to make any disclosure required by the Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that order, shall be a material breach of the terms of this contract. Any contractor, whether an individual or entity, who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the agency.

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ARKANSAS PREFERENCE FOR RECYCLED PAPER CONTENT AND CERTIFICATION

A.C.A. of 1987, _19-11-260, directs that the State of Arkansas will offer a preference for the purchase of recycled paper products.

"(c)(1) Whenever a bid is required, a preference for recycled paper products shall be exercised if the use of the products is technically feasible and price is competitive.

(2)(A) For the purpose of procurement of recycled paper products, 'competitive' means the bid price does not exceed the lowest qualified bid of a vendor offering paper products manufactured or produced from virgin material by ten percent (10%).

(B) An additional one percent (1%) preference shall be allowed for products containing the largest amount of postconsumer materials recovered within the state of Arkansas."

As a condition of award, the Office of State Procurement may require that the apparent low bidder provide confirmation of the specifications of the recycled paper(s) bid by providing a certified letter from the manufacturer (mill) confirming the paper's basis weight, brightness, opacity and postconsumer content.

Bidders requesting the additional one percent (1%) preference for the largest allowable percentage of postconsumer materials recovered from within the State of Arkansas must provide authentication in the form of a certificate from the deinking facility which processed the postconsumer material. This information must be substantiated by the mill manufacturing the paper used to fulfill this contract.

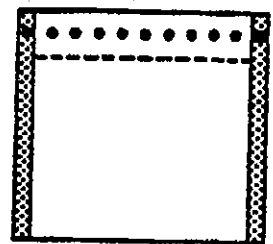
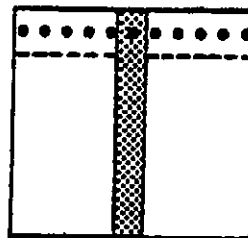
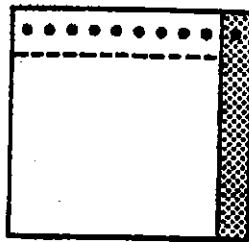
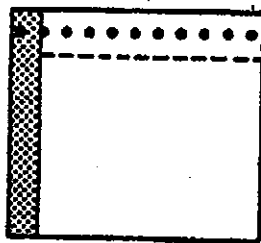
In accordance with the authority granted to the State Procurement Director by A.C.A. of 1991, _19-11-203(31), the following definition of recycled paper applies:

"Recycled paper," as it applies to **coated stock**, shall mean any paper that contains not less than 10 percent (10%) postconsumer material by fiber weight; as it applies to **uncoated stock**, it shall mean any paper that contains not less than 20 percent (20%) postconsumer material by fiber weight.

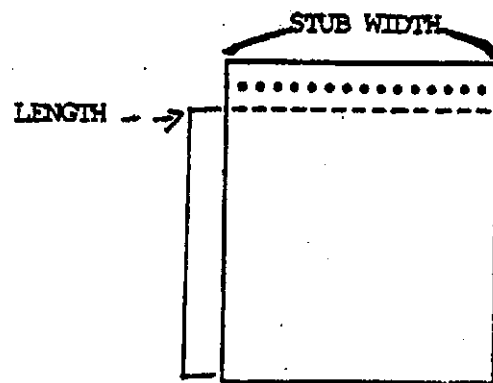
Vendors requesting the one percent (1%) postconsumer material preference must indicate the percentage of postconsumer material recovered from within the State of Arkansas contained in the paper offered.

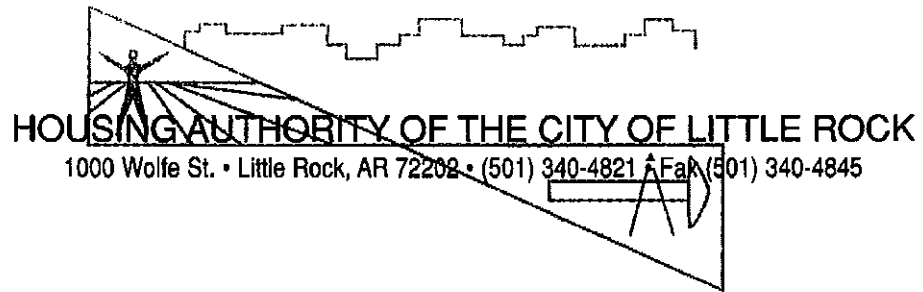
Any sheet offered that is found to contain excessive lint or foreign (nonpaper) elements will be rejected.

Bidders offering recycled paper must, upon receipt of a written request from the Office of State Procurement, make available samples for inspection within five working days.



Unit Set Lockup





Light
Composition

RECEIVED
2003 MAY 19 PM 1:11
STATE PROCUREMENT



STATE OF ARKANSAS
**Department of Finance
and Administration**

**DRIVER SERVICES
Driving Records**

Ragland Building, Room 1130
Post Office Box 1272
Little Rock, Arkansas 72203-1272
Phone: (501) 682-7207
Fax: (501) 682-2075
<http://www.state.ar.us/dfa>

LICENSEE

REQUESTING PARTY

A REPORT OF YOUR DRIVING RECORD HAS BEEN SENT TO THE REQUESTING PARTY NAMED ABOVE. THE REQUESTING PARTY IS A SERVICE BUREAU WORKING FOR YOUR INSURANCE COMPANY AND/OR EMPLOYER. THIS IS A COPY OF THE INFORMATION RELEASED TO THEM. IF YOU FEEL ANY PART OF THIS RECORD IS IN ERROR, YOU MAY CONTACT THIS OFFICE AT 682-7207.

*Light
Composition*

Receipt #

134341

Arkansas Department of Human Services

CASH FUND RECEIPT

County Code _____

Date _____

Received from _____

Cash ☐ Check ☐ Money Order ☐ Other ☐ Amt. of Receipt \$ _____

Fund or Account Number to be Credited _____

DHS-1079 (05/03)

Received by _____

Receipt #

134342

Arkansas Department of Human Services

CASH FUND RECEIPT

County Code _____

Date _____

Received from _____

Cash ☐ Check ☐ Money Order ☐ Other ☐ Amt. of Receipt \$ _____

Fund or Account Number to be Credited _____

DHS-1079 (05/03)

Received by _____

Receipt #

134343

Arkansas Department of Human Services

CASH FUND RECEIPT

County Code _____

Date _____

Received from _____

Cash ☐ Check ☐ Money Order ☐ Other ☐ Amt. of Receipt \$ _____

Fund or Account Number to be Credited _____

DHS-1079 (05/03)

Received by _____

Receipt #

134344

Arkansas Department of Human Services

CASH FUND RECEIPT

County Code _____

Date _____

Received from _____

Cash ☐ Check ☐ Money Order ☐ Other ☐ Amt. of Receipt \$ _____

Fund or Account Number to be Credited _____

DHS-1079 (05/03)

Received by _____

Medium
Composition

Travel Request



Date _____

Employee _____

hereby requests permission to travel to _____

for the purpose of _____

Date and time of departure _____ Date and time of return _____ Total days _____

Type of transportation desired ☐ motor pool vehicle ☐ bus ☐ air ☐ personal vehicle ☐ other (specify) _____

Estimated cost of trip

_____ miles at _____ per mile \$ _____

_____ meals \$ _____

_____ nights' lodging \$ _____

Registration fee \$ _____

(attach form if requesting advance payment) \$ _____

Other (describe) _____ \$ _____

_____ \$ _____

TOTAL \$ _____

If motor pool vehicle is used, list all passengers below.

Medium Composition

Additional approval (if required) _____

Traveler's signature _____

Immediate supervisor's signature _____

To University of Arkansas - Fort Smith Chancellor

I hereby request approval for the above travel, with these expenses charged to FOAPAL _____

Signature of provost/vice chancellor/dean _____

☐ Approved and forwarded to vice chancellor for finance and campus services for transportation assignment.

☐ Disapproved for the following reasons _____

Signature of chancellor or designee _____

For motor pool vehicle, contact Physical Plant secretary. If motor pool vehicle is available for use and traveler chooses to drive personal vehicle, mileage reimbursement will be at motor pool vehicle rate.

For commercial transportation, contact the procurement travel office before making arrangements.

Signature of vice chancellor for finance and campus services _____

White copy—TR-1 Yellow copy—Expense Pink copy—Traveler

ARKANSAS DEPARTMENT OF HEALTH
Section of In-Home Services

Date Plan Established _____

Aide Assignment Sheet

Name of Patient		Birthdate	Sex	Telephone	Visits Per Week						
Address/Directions to Home <div style="font-size: 2em; font-family: cursive; text-align: center; margin-top: 20px;">HEAVY Composition</div>											
Lives <input type="checkbox"/> Alone <input type="checkbox"/> Spouse <input type="checkbox"/> Family		Primary Caregiver <input type="checkbox"/> Self <input type="checkbox"/> Relative <input type="checkbox"/> Spouse <input type="checkbox"/> Friend <input type="checkbox"/> Child <input type="checkbox"/> Other		Activities Permitted <input type="checkbox"/> Complete Bedrest <input type="checkbox"/> Partial Wt. Bearing <input type="checkbox"/> Bedrest BRP <input type="checkbox"/> Exercise Prescribed <input type="checkbox"/> Up as Tolerated <input type="checkbox"/> Transfer Bed/Chair		Functional Limitations <input type="checkbox"/> Amputation <input type="checkbox"/> Hearing <input type="checkbox"/> Speech <input type="checkbox"/> Bowel/Bladder <input type="checkbox"/> Paralysis <input type="checkbox"/> Ambulation <input type="checkbox"/> Contractures <input type="checkbox"/> Blind <input type="checkbox"/> Endurance <input type="checkbox"/> Dyspnea					
Special Equipment <input type="checkbox"/> Crutches <input type="checkbox"/> Cane <input type="checkbox"/> Wheelchair <input type="checkbox"/> BSC <input type="checkbox"/> Catheter <input type="checkbox"/> Oxygen <input type="checkbox"/> Grab Bars <input type="checkbox"/> Hearing Aid <input type="checkbox"/> Tub Stool <input type="checkbox"/> Glasses <input type="checkbox"/> Toileting Equip. <input type="checkbox"/> Dressing Equip. <input type="checkbox"/> Transfer Equip. <input type="checkbox"/> Walker											
Nutritional Requirements: <input type="checkbox"/> Force Fluids <input type="checkbox"/> Encourage Food <input type="checkbox"/> Restrict Fluids <input type="checkbox"/> I & O											
Aide Services		Every Visit	Once A Week	As Needed	Other Frequency Specified	Aide Services		Every Visit	Once A Week	As Needed	Other Frequency Specified
1 Bath <input type="checkbox"/> Total <input type="checkbox"/> Partial <input type="checkbox"/> Assist <input type="checkbox"/> Bed <input type="checkbox"/> Tub <input type="checkbox"/> Shower <input type="checkbox"/> Chair						7 Meals <input type="checkbox"/> Prepare <input type="checkbox"/> Serve <input type="checkbox"/> Feed					
2 Hair Care <input type="checkbox"/> Comb <input type="checkbox"/> Shampoo						8 Linens 9 Laundry					
3 Grooming <input type="checkbox"/> Assist with Dressing <input type="checkbox"/> Assist with Shaving						10 Elimination <input type="checkbox"/> Catheter Care <input type="checkbox"/> Empty Foley Bag					
4 Oral Hygiene <input type="checkbox"/> Total <input type="checkbox"/> Assist <input type="checkbox"/> Dentures						11 Ambulation 12 Transfer (assist to chair)					
5 Skin Care <input type="checkbox"/> Massage <input type="checkbox"/> Decubitus Prevention						13 ROM Exercises 14 Vital Signs <input type="checkbox"/> Pulse <input type="checkbox"/> Respiration <input type="checkbox"/> Temperature <input type="checkbox"/> Blood Pressure					
6 Nail Care <input type="checkbox"/> Finger Nails <input type="checkbox"/> Clean <input type="checkbox"/> Cut <input type="checkbox"/> File <input type="checkbox"/> Toe Nails <input type="checkbox"/> Clean <input type="checkbox"/> Cut <input type="checkbox"/> File						15 Other _____					
Special Instructions											
<input type="checkbox"/> Copy Given to Aide <input type="checkbox"/> Copy Left in Home Local Health Unit Telephone Number _____						Signature of RN _____					

HEAVY
Composition

Children's University
Medical Group
P.O. Box 254148
Little Rock, AR 7225-5149
(501) 455-0787

Place of Service
IP AS OH

GC
Modifier

DIS. TO INSUR.

Date
Mo. Day Yr.
C1 C3 C4

Dr#

DEPT.

5SU10

Modifiers

Multiple

Assistant

Other

PEDIATRIC SURGERY

PROCEDURES

DESCRIPTION	S.C.	AMT.	DESCRIPTION	S.C.	AMT.	DESCRIPTION	S.C.	AMT.
INTEGUMENTARY SYSTEM			GASTROINTESTINAL SYSTEM			GENITAL SYSTEM		
Incision/Drain Abscess, Simple	10060		Esophagoscopy, Diagnostic: flex or rigid	43200		Bioopsy Liver, Wedge	47100	
Complex	10061		with Biopsy, single or mult.	43202		Hepatectomy, Partial Lobectomy	47120	
Incision/Drain Cyst, Simple	10060		Remove Foreign Body	43215		Left Lobectomy, Total	47125	
Complex	10061		with Dilatation	43220		Right Lobectomy, Total	47130	
Incision/Remove Foreign Body, Simple	10120		Wire Guided	43226		Hepatorrhaphy, Suture of Liver Wound, Simple	47350	
Complex	10121		Dilatation Over Guide Wire/String	43453		Cholecystectomy	476	
Debridement	1104		Esophagogastroduodenoscopy, Diagnostic	43235		Anastomosis, Gastrointestinal Tract to Intrahepatic Ducts	47765	
Biopsy, Skin Lesion 1-4cm	11100		Remove Foreign Body	43247		Kasai Portoenterostomy	47701	
Excision Benign Lesion, cm	114		Esophagoplasty, Cervical Approach	43300		Pancreatectomy	48140	
Excision Malignant Lesion, cm	118		With Repair of Fistula	43305		Exploratory Laparotomy	49000	
Excision Pilonidal Cyst, Simple	11770		Thoracic Approach	43310		Drain Peritoneal Abscess	49020	
Repair Superficial Wound, Simple, cm	1200		Thoracic Approach with Repair of Fistula	43312		Drain Retroperitoneal Abscess, open	49060	
Repair Superficial Wound, Face, cm	1201		Nissen Fundoplication	43324		Excision Intra-Abdominal Retroperitoneal Tumor	49200	
Layer Closure Wound, cm	120		Pyloromyotomy	43520		Sacroccocygeal Teratoma Excision	49215	
Repair Complex, cm	131		Gastrostomy Tube Change	43760		Inguinal Hernia; Preterm Infant	49491	
Split Graft, Trunk/Extremity, sq cm	151		Gastrojejunostomy	43825		Inguinal Hernia; Unilateral < 6 mos	49485	
Biopsy Breast, Incisional	19101		Gastrostomy	43830		Incarcerated; Preterm Infant	49482	
Excision Breast Cyst/Tumor	19120		Closure	43870		Incarcerated < 6 mos	49486	
Benign/Unilateral, One or More	19140		Enterolysis, Release Small Bowel Obstruction	44005		Inguinal Hernia; Unilateral 6mo-5yrs	49500	
Mastectomy/Gynecomastia Unilateral	19140		Reduce Midgut Volvulus (Ladd)	44055		Incarcerated 6 mos-5 yrs	49501	
MUSCULOSKELETAL SYSTEM			Reduce Intussusception	44050		Unilateral > 5 years	49505	
Biopsy, Muscle	20200		Enterectomy, Resection Small Intestine	44120		Incarcerated > 5 yrs	49507	
Reconstruct Pectus Excavatum/Carinatum	21740		Double Enterostomy	44125		Repair Inguinal Hernia, Recurrent	49520	
Remove Sternal Bar	20680		Enterocenterostomy	44130		Repair Ventral Hernia/Incisional	49560	
RESPIRATORY SYSTEM			Colectomy, Partial	44140		Recurrent	49565	
Laryngoscopy, Diagnostic Newborn	31520		Partial with Colostomy	44141		Repair Epigastric Hernia, Simple	49570	
Except Newborn	31525		Partial with Closure of Distal Segment (Hart)	44143		Unilateral Hemiorrhaphy < 5 Years	49580	
Bronchoscopy, Diagnostic; rigid of flex	31622		Partial with Resection with Colostomy	44144		> 5 Years	49585	
Biopsy	31625		Partial with Coloproctostomy	44145		Omphalocele, Small/Primary Closure	49600	
Remove Foreign Body	31635		Total Abdominal w/ Ileostomy	44150		Large/Gastroschisis	49605	
Thoracentesis	32000		Total with Proctectomy & Ileostomy	44155		Staged Closure, Final	49606	
Tube Thoracostomy	32020		Ileostomy/jejunostomy	44310		Suture Secondary of Abdominal Wall Dehiscence	49900	
Thoracotomy Biopsy	32095		Revision Simple	44312		ENDOCRINE SYSTEM		
Thoracotomy, Major	32100		Complicated	44314		Circumcision, newborn	54160	
Decortication Lung	32220		Colostomy or Skin Level Cecostomy	44320		Circumcision, non-newborn	54161	
Pneumonectomy, Total	32440		Revision of Colostomy, Simple	44340		Circumcision, Revision	54163	
Lobectomy	32480		Complicated	44345		Orchiopexy w or w/o hernia	54640	
Wedge Resection Lung, Single/Multiple	32500		Enterorrhaphy, Suture of Small Intestine, Single large Intestine	44802		Hydrocolectomy	55040	
CARDIOMUSCULAR SYSTEM			Colostomy Closure	44804		Oophorectomy	58940	
Infuse A-Port/Broviac Placement	35533		Closure of Enterostomy with Resection/Anastomosis	44825		Drain Ovarian Abscess	58922	
Remove Infuse A-Port/Broviac	35535		Excision of Meckel's Diverticulum	44800		Ovarian Cystectomy	58925	
Catheterization, Percutaneous < 2 years	35488		Incision/Drainage of Appendiceal Abscess	44900		Omentectomy	49255	
Percutaneous > 2 years	35489		Appendectomy	44950		ENDOCRINE SYSTEM		
Cutdown (CVL) Hyperalimentation < 2 Years	35490		With Other Procedures	44965		Total Thyroid Lobectomy, Unilateral	60220	
> 2 Years	35491		Ruptured	44960		Total Thyroidectomy	60240	
Arterial Catheterization	35620		Biopsy Anorectal Wall	45100		Excision Thyroglossal Duct Cyst	60280	
Percutaneous Cutdown	35625		Anorectal Myomectomy	45108		Renal Transplant	50360	
UAC; Newborn, Diagnosis of Therapy	35660		Proctectomy (Martin, Soave, Duhamel Proc.)	45120		Removal, Transplanted Kidney	50370	
Arteriorrhaphy, Suture of Major Artery, Neck	35201		Proctosigmoidoscopy, Diagnostic	45300		Insertion Cannula-Dialysis	35800	
HEMIC & LYMPHATIC SYSTEMS			With Biopsy	45305		Open Renal Biopsy	50205	
Splenectomy, Total	38100		Colonoscopy, Diagnostic	45378		Tenckhoff Catheter, Permanent	49421	
Partial	38101		Dilatation of Anal Sphincter	45905		Nephrectomy	50220	
Drain Lymph Node Abscess, Simple	38300		Dilatation of Rectal Sphincter	45910		Remove Tenckhoff	49422	
Extensive	38305		Removal of Fecal Impaction/Foreign Body	45915		Thoracoscopy	326	
Biopsy/Excision Lymph Node	38500		Fistulotomy/Fistulectomy	46270		Laparoscopy		
Deep, Cervical	38510		Incision/Drain Perianal Abscess	46050		Backflow Catheter Placement	62350	
Excision Cystic Hygroma, Simple	38550		Incision, Anal Septum (Infant)	46070		Backflow Pump Placement	62362	
Complex	38555		Anoplasty, Revision Infant	46705				
MEDIASTINUM & DIAPHRAGM			Repair Congenital Anovaginal Fistula	46715				
Exc. Mediastinal Cyst	39200		Abdominal & Perineal Approach	46735				
Excision Mediastinal Tumor	39220		Perineal Anoplasty - Primary (Pena)	46730				
Repair Diaphragmatic Hernia	39502		Anoplasty with Repair of Urinary Fistula	46740				
Neonate	39503		Sphincteroplasty, Anal	46751				
Transsternal	39520							
Imbrication of Diaphragm for Eventration	39545							
						Total Charges		

2.0 FORM SPECIFICATIONS

2.1 Lockup Space

Lockup space is that space used to clamp the printing plate to the plate cylinder. The lockup space is a 1/2" wide uninterrupted space across the width of the form. No printing can be done within this area using just one plate. **If no lockup space is provided, the contractor must make (and charge) for a second plate.** This will be charged as an additional color of ink. See hyperlink for lockup information.

2.2 Forms Measurements

Snap-Out form sizes are determined by the stub width and the length. The stub width is the measurement of the form along the edge containing the stub. The length is the measurement of the edge running perpendicular to the stub and does not include the stub. The overall length is the measurement of the length plus the measurement of the stub. See hyperlink for form size guide.

2.3 Basic Flat Charge

An individual flat charge shall be allowed for each size of Snap-Out form. Only one basic flat charge per form ordered shall be allowed. The basic flat charge shall include all of the following specifications:

All preparatory cost such as press make ready including any paper roll change for the first ply, negatives and plates necessary prior to actual press operations shall be included in the basic flat charge.

Construction into individual sets shall include the following:

All paper and carbons shall be line glued into a 5/8" or a 3/4" stub. Stub size shall be at contractor's option.

All paper parts shall be perforated at the stub either 5/8" or 3/4" from edge.

All carbon stubs shall be 1/2" shorter than the paper parts on the end opposite the stub unless otherwise specified by the agency. An additional charge will not be allowed if agency requests carbon to extend the remaining 1/2".

All carbon sheets shall extend approximately 3/8" into the stub.

Carbon paper must be a minimum weight of 7 lb., medium grade, non-processed **black**, fully coated on one side and horizontally perforated between all sets.

The paper included in the basic flat and running charges shall be as indicated below.

PLEASE NOTE THIS CONTRACT INCLUDES VIRGIN AND RECYCLED PAPERS. THOSE RECYCLED PAPERS LISTED BELOW MUST BE USED IN LIEU OF VIRGIN PAPER FOR JOBS PRODUCED UNDER THIS CONTRACT. THE CONTRACTOR IS ENCOURAGED TO USE OTHER RECYCLED PAPERS WHEN AVAILABLE.

These paperweights for the basic forms are listed as a **guide** to the contractor.

Two and three part forms - All 15# paper

Four, Five and Six part forms - 15# on part one, all others 12# paper

Seven and Eighth part forms – All 12# paper

Agency may request other combinations of the 12 or 15 pound, #4 Grade

Registered Sulphite Bond, White or colored at no additional charge.

Contractor is to list a minimum of five (5) paper colors in addition to white that will be furnished. Canary, Pink, Goldenrod, Green and Blue.

RECYCLED PAPER WEIGHTS AND COLORS THAT MUST BE USED WHEN A FORM USING THESE PAPER WEIGHTS OR COLORS IS REQUESTED.

12 LB. Canary and Pink bond

15 LB. White bond

15 LB. Canary and Pink bond

20 LB. White bond

20 LB. Canary and Pink bond

24 LB. White MICR bond

15# LB. CB carbonless, white only.

14.5 LB. CFB carbonless, White, Canary, Pink

15# LB. CF carbonless, White, Canary, Pink

The carbonless paper will be black image.

The base price shall include black ink on the face of all parts. See allowances for other ink options.

All marginal words or phrases included in the basic flat charge at the contractor's choice of color. Total length of marginal words cannot exceed 5 inches in length.

Forms must be packaged in corrugated containers, which must be of sufficient strength to protect forms from damage during shipping, handling and storage. Internal dimensions of cartons must be approximately 1/16" greater than width and 1/8" greater than length of packed forms so as to assure against damage from bending, curling, shifting, etc. Forms must be packed "face-up".

All cartons must be marked as to contractor name, description of form, quantity within, numbering sequence within (if applicable), date produced and any other pertinent information.

Cartons should be packaged consistent with industry standards. Individual carton weight should not exceed 50 lbs.

Proofs must be furnished on all forms, which are not an exact repeat or not furnished camera-ready by agency unless otherwise specified. Contractor should submit a proof any time the probability of error exists. Any changes made by the ordering agency shall be charged as specified under "author's alterations" in Additional Charges section. No allowances will be made for contractor's errors, such as typographical error. Proofs required by agency on exact repeat will be \$10.00 each.

Allowances are given in this bid for various other combinations of ink and numbering in contractor's choice of color.

3.0 Special Features Allowances and Reductions

3.1 Blank Orders

If there is no printing on the form except for the consecutive numbers, prefix or suffix letters, contractor must reduce the price as follows:

- Some parts blank - See deletion.
- All parts blank - Deduct 50% of the basic flat charge.

3.2 Composition

MINIMUM CHARGE OF \$10.00

The contractor will be allowed to charge for composition when a negative, camera-ready artwork, TIF or EPS file is not available. If a negative, TIF or EPS file is not available the agency must provide camera-ready copy or allow the contractor to set the type. The point sizes may be stipulated by the ordering agency. The agency will not be allowed to provide the composition on disk to the contractor.

- LIGHT - Few lines of type with no borders.
- MEDIUM - Several lines of type, simple borders, cross rule form with simple headings.
- HEAVY - Many line of type, Fancy/detailed borders, Closely spaced cross rule form with headings.

SEE HYPERLINK FOR COMPOSITION TYPES.

The cost will be priced per square inch for typesetting services. Charge may only be applied to the area containing copy (i.e. if the form size is 11 X 8 1/2" with copy in an area 11" x 4", the cost is figured by multiplying the total number of square inches of copy (11" x 4" = 44) by the appropriate composition charge. If the area of copy measures 1/2" or less, the fraction is dropped. If more than 1/2", the measurement is rounded up to the next inch. One half inch or less of total composition will be priced at 1/2" the prevailing rate. Composition charges shall be allowed for changes from part to part at the same rate for the area effected.

- LIGHT - \$.60 PER SQUARE INCH
- MEDIUM - \$.75 PER SQUARE INCH
- HEAVY - \$.85 PER SQUARE INCH

3.3 Volume Discount

Because of the generally accepted principle that volume ordering results in cost savings, this RFQ incorporates a volume discount requirement that the contractor must apply to those orders which qualify. A percentage discount will be applied to the base running charge of high volume orders. The discount applies only to those orders of single and multiple part forms with a total single sheet equivalent of 400,000 sheets or more.

Single Sheet Equivalent	Percentage Discount From Base Running Charges
400,000 - 599,999	6%
600,000 - 799,999	7%
800,000 - and up	8%

3.4 Plate Change Allowances

- Plate change \$50.00 Flat
This will be allowed to make changes from part to part.
- Deletion of printed area from one or more parts. \$10.00 Flat
When adequate room is available to permit a deletion, the contractor will use this charge. The area to be deleted must not be interrupted by rules and must have a minimum of 3/16" unprinted area surrounding the copy to be deleted.

- **Block Outs**
The contractor may charge a plate change for blackout area. Contractor must furnish artwork for blackout design.
- **Marginal Words**
All marginal words or phrases including "non negotiable" on checks, shall be included in the basic flat charge at the contractor's choice of color. Total length of marginal words cannot exceed 5". Type size may be up to and including 1/4". The positioning of marginal words including staggering from part to part within a form is at ordering agency's option.
- **Author's Alterations**
Contractor may charge applicable composition change for the area involved with a minimum charge of \$10.00.
- **Back Printing** \$60.00 Flat
- **Phantoms/Pantographs/Borders** \$25.00 Flat

Contractor is authorized a single flat charge for each phantom, pantograph and or border. No charge for phantoms, pantographs and/or borders repeated on successive parts in a form or on repeat orders.
- **Reverses** No Charge
- **Screens (Excluding Phantoms)** \$25.00 Flat

Total charges for any one part will not exceed \$50.00 for each screen value (example: 10%, 20% etc.) Each change in screen value will carry a separate \$25.00 flat charge.

3.5 Numbering

Numbering shall be in standard red ink or contractor's standard color of ink unless otherwise specified by agency. Numbers must be confined to the front only, and must be approximately 3/16" in height. Contractor must use the most economical numbering if agency does not specify otherwise. (A missing numbers list must be delivered with all numbered orders.)

- The 5% charge for no overrun/underrun will not apply to orders that are priced as guaranteed no missing numbers unless the agency specifically requests no overruns or underruns.
- Crash Imprinted (Carbon Impressed) \$25.00 Flat
Numbers will be printed in ink on original only and impressed by carbon or chemically treated carbonless paper on the face of the other parts. Forms cannot be numbered where there is no carbon and numbers must be in the same position on all parts.
- Additional Charge for guaranteed no missing numbers on "crash imprinted" numbering. \$1.00 per M Sets
- All ink numbers \$25.00 Flat + \$.15 per M parts
Numbering must be printed in ink instead of carbon impressed on all copies. The number may be located anywhere on the form, but must remain in the same position on all parts.
- Each additional "all ink" number on the same form \$25.00 Flat
- Additional Charge for guaranteed no missing numbers. \$1.00 per M sets
- Number Reset in Series \$5.00 Flat
- Prefix \$5.00 Flat
- Suffix is part of the base plate. Printed as either a plate change or marginal word(s).
- Position Change \$25.00 Flat
A position variation within a set
- Color of Ink other than Red \$30.00 Flat
or contractor's standard color numbering.

3.6 Magnetic Ink

Magnetic ink shall be all black MICR. (Magnetic ink is primarily used on checks).

- Static MICR (Repetitive) \$50.00 Flat + \$1.50 per M MICR Numbers
- Consecutive MICR \$60.00 Flat + \$3.00 per M MICR Numbers
- This charge in addition to any charges for regular numbering.
- Optically Scanned Forms (OCR Forms) \$100.00 Flat + .50 per M Forms

The flat charge will cover all the extra handling for OCR forms such as composition, printing, and tolerance of ink requirements. Upcharges for paper are allowed in the designated tables.

Contractor must guarantee that OCR forms, which are produced, will perform properly on the scanning equipment on which the forms are to be used. **It is mandatory that the ordering agency specifies the make and model of the scanning equipment.**

If the contractor cannot guarantee the performance of the OCR forms, he must waive the order in writing. Upon waiver, the State will purchase the OCR forms according to current procurement procedures. The contractor has five (5) days in which to waive any OCR order received.

3.7 Ink Charges

Base prices include black ink on front and (Agencies choice of black or gray) on the back with numbering in red (or contractor's standard color) and marginal words in contractor's choice of color. The following additional charges shall be allowed for inks other than those included in the base price.

- 1 color other than black on the face of one or more parts \$30.00 Flat
- 2 colors, black and 1 other color on the face of one or more parts \$60.00 Flat
- 2 colors, other than black on the face of one or more parts \$90.00 Flat
- 3 colors, black and 2 other colors on the face of one or more parts \$140.00 Flat
- 3 colors other than black on the face of one or more parts \$155.00 Flat
- 1 color other than black or gray on the back of one or more parts \$35.00 Flat
- PMS colors or exact match \$35.00 Flat

SOYOIL INK:

The use of soybean oil ink is required. Please complete the blanks below:

BRAND OF INK/MFGR: Kohi-Madden

3.8 Paper

- See upcharge for paper stock for all papers not included in base price.
- Special Sizes: Use price for next larger size except as noted. Forms for which the overall width and or the number of parts have been intentionally deleted from this contract will be purchased separately.

3.9 Special Carbons

In addition to the full carbons provided as a part of the base flat charge for snap-out forms ordered under this contract, several other types of carbon are also available:

STRIPE CARBONS - See Extra Charge Table. Stripes must run parallel to and full width of the form. Although used for basically the same purpose as Pattern carbon, Stripe Carbon is considerably less expensive.

FEATHER EDGE CARBON - See Extra Charge Table. Carbon extends approximately 1/2" beyond the edge of the form.

SPOT OR PATTERN CARBON - See Extra Charge Table. One flat charge for each different pattern or hot spot carbon within a set. Running charge per thousand sheets. Running charge based on total number of sheets without regard to the number of patterns. Pattern carbon can be any size or shape and is used primarily for with holding information from certain areas of the form.

EXPOSED CARBONS - (a) One additional piece of carbon over the face of the form - see Extra Charge Table. (b) One additional piece of carbon on the back plus a smudge sheet - Price as the next greater number of parts.

3.10 Punching (Other than marginal punching)

- For punching standard size holes through one or more parts within the set, in the same position through all parts.
\$9.00 Flat per hole
- If position of punching varies within a set, an additional machine set upcharge of \$75.00 will be added.

3.11 Special Perforations (Other than those included in the base price.)

- Horizontal - Full width for one perforation in the same position on one or more parts. \$25.00 Flat
- Horizontal - Not full width for one perforation same position on one or more parts. \$30.00 Flat
- Vertical - Full length for each perforation in the set. \$10.00 Flat
- Vertical - Not full length (skip perforation) for each in the same position on one or more parts in the set. \$60.00 Flat + .45 RC per M
- Carbon Perforations \$15.00 Flat
For each perforation within a set in the same position on one or more carbons. All carbon perforations must run parallel to the stub and must be full width of the sheets.
- Micro, Laser or similar perforation \$2.00M RC

These additional charges shall include the materials and labor to bind the forms into books. The books shall consist of a chipboard back, a tag wrap-around cover, and perforations at the binding stub. Bound books may be packaged directly into corrugated cartons.

PRICES BY SIZE						
MAXIMUM STUB WIDTH	3 2/3"	4 1/4"	5 2/3"	7 1/3"	8 1/2"	11"
25 SETS PER BOOK PRICE PER M SETS	6.74	7.50	9.84	11.71	14.26	17.16
50 SETS PER BOOK PRICE PER M SETS	3.36	4.31	5.52	5.86	7.88	9.37

- Printing 1 side of Cover \$25.00 Flat + \$1.00 Per 100 Covers
- Printing 2 sides of Cover \$40.00 Flat + \$2.00 Per 100 Covers
- Numbering the front of the TRIAD cover. \$50.00 Flat

For gum padding onto a chipboard back. Padding is on stub end only.

- **Special Gluing** \$20.00 Flat
for each special gluing between parts at the end opposite the stub to permit the parts to remain attached after they are removed from the snap-out stub.
- **Double Stub Sets** \$20.00 Flat Plus 1.00 per pt.

3.15 Rounded or Clipped Corners

- 1 or 2 corners on 2 and 3 Part Forms \$4.00 Per M Sets
- 3 or 4 corners on 2 and 3 Part Forms \$8.00 Per M Sets
- 1 or 2 corners on 4 through 8 Part Forms \$16.00 Per M Sets
- 3 or 4 corners on 4 through 8 Part Forms \$16.00 Per M Sets

3.16 Transfer Tape

\$10.00 Flat per line + running charges listed below. For 1/2" tape running parallel to and full width of the stub. Charges below are per thousand strips.

STUB WIDTH	RUNNING CHARGE PER M STRIPS
3 4/10", 3 1/2", 3 2/3"	\$3.00
4", 4 1/4"	\$3.69
5 1/4", 5 1/2", 5 2/3"	\$4.91
7", 7 1/3"	\$6.36
8 1/2"	\$7.38
11"	\$9.55

3.17 Other Sizes (Width or Length, Paper and/or Carbons).

- Non-Standard Length - Price from the next longer standard length.
- Non-Standard Width - Price from next larger width and apply trimming charges. \$10.00 Flat + .30 Per part per M Sets.
- Forms with Varying Lengths - form having varying length parts or carbons within a set will be priced based on the largest length.

3.18 Packaging

For forms which are poly-wrapped into packages before placing into corrugated cartons.

- Unlabeled Packages

50 sets to a Package	\$3.50 M
100 sets to a Package	\$2.00 M
Non-Standard quantities	\$.25 per package

- Labeled Packages

50 sets to a package	\$5.50 M
100 sets to a package	\$4.00 M
Non-Standard quantities	\$.50 per package

3.19 Pallets

When requested by the ordering agency, the contractor must palletize orders and may charge the flat charge for each pallet used. The pallet must be loaded and packed to insure acceptance and safe delivery by common carriers.

\$35.00 ea. Pallet

CUSTOM SNAP-OUT FORMS

3.4 X 5 ½	3255
3.4 X 7	3270
3.4 X 8 ½	3285
3.4 X 11	3211
3.4 X 14	3214
3 ½ X 5 ½	3555
3 ½ X 7	3570
3 ½ X 8 ½	3585
3 ½ X 11	3511
3 ½ X 14	3514
3 2/3 X 5 ½	3655
3 2/3 X 7	3670
3 2/3 X 8 ½	3685
3 2/3 X 11	3611
3 2/3 X 14	3614
4 X 5 ½	4055
4 X 7	4070
4 X 8 ½	4085
4 X 11	4011
4 X 14	4014
4 ¼ X 5 ½	4255
4 ¼ X 7	4270
4 ¼ X 8 ½	4285
4 ¼ X 11	4211
4 ¼ X 14	4214
5 ¼ X 5 ½	5255
5 ¼ X 7	5270
5 ¼ X 8 ½	5285
5 ¼ X 11	5211
5 ¼ X 14	5214
5 ½ X 5 ½	5555
5 ½ X 7	5570
5 ½ X 8 ½	5585
5 ½ X 11	5511
5 ½ X 14	5514

5 2/3 X 5 1/2	5655
5 2/3 X 7	5670
5 2/3 X 8 1/2	5685
5 2/3 X 11	5611
5 2/3 X 14	5614
7 X 5 1/2	7055
7 X 7	7070
7 X 8 1/2	7085
7 X 11	7011
7 X 14	7014
7 1/3 X 5 1/2	7355
7 1/3 X 7	7370
7 1/3 X 8 1/2	7385
7 1/3 X 11	7311
7 1/3 X 14	7314
8 1/2 X 5 1/2	8555
8 1/2 X 7	8570
8 1/2 X 8 1/2	8585
8 1/2 X 11	8511
8 1/2 X 14	8514
11 X 5 1/2	1155
11 X 7	1170
11 X 8 1/2	1185
11 X 11	1111
11 X 14	1114